

Exhibit 23

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION	No. 2:12-md-02323-AB MDL No. 2323
Kevin Turner and Shawn Wooden, <i>on behalf of themselves and others similarly situated,</i> Plaintiffs, v. National Football League and NFL Properties, LLC, successor-in-interest to NFL Properties, Inc., Defendants.	Hon. Anita B. Brody Civil Action No. 2:14-cv-00029-AB
THIS DOCUMENT RELATES TO: ALL ACTIONS	

DECLARATION OF RICHARD ALLEN HAMILTON, PhD

Richard Allen Hamilton, PhD, hereby declares as follows:

1. I am a licensed Psychologist, and Board Certified Brain Injury Specialist Trainer by the Academy of Certified Brain Injury Specialists of the Brain Injury Association of America. I have a private practice and serve on staff at the Baptist Hospital Davis Center for Rehabilitation, Miami, Florida. My curriculum vitae is attached as Exhibit 1.
2. I currently serve as the Clinical Director, Sports Concussion Clinic, Baptist Hospital, Miami, Florida, Symposium, Clinical Director, CARF Accredited Inpatient and Outpatient Brain Injury Programs at Baptist Hospital, Co-Director of Baptist Hospital's Annual Brain Injury Symposium, and Co-Director of the Baptist Hospital's Annual Behavioral Medicine

Symposium. I serve on a variety of departmental committees and extra-departmental committees related to the clinical practice of neuropsychology and rehabilitative medicine.

3. I also serve as the neuropsychologist for a number of sports programs, including the Florida International University Sports Concussion Program and the Miami-Dade County Public School Sports Concussion Program. I am a certified ImPACT consultant. I also evaluate and treat many patients who suffer non-sports related concussions and mild traumatic brain injuries.

4. I have taught courses to physicians, rehabilitation professionals, psychologists, and other professionals concerning the evaluation and management of concussions, behavioral medicine, behavior modification, statistical methods and research design, psychology, neuropsychology, the neurobehavioral sequelae to traumatic brain injury, and neuropsychological rehabilitation.

5. My clinical and research activities have involved the diagnosis, assessment, testing, and sequelae and treatment of brain injury, dementia, and neurocognitive problems in patients of all ages.

6. I have published papers and have presented numerous lectures to medical and psychological professionals throughout the United States in the fields of neuropsychological diagnoses, testing, assessment, and rehabilitation. I have for a number of years organized and directed an annual symposium regarding the research and clinical developments in the assessment and rehabilitation of patients with various types of neurologic injury. This year marked the 20th annual symposium. In this regard, I remain cognizant of the scientific efforts in the areas of neurological injury, identification, management and rehabilitation of various neurological

conditions, such as traumatic brain injury, dementia, stroke, brain tumors, Parkinson's disease, and metabolic encephalopathy.

7. As an active neuropsychologist, I continue to update my understanding of the research and the scientifically accepted practices for diagnosing neuropsychological disorders and cognitive dysfunctions.

8. I currently examine, assess, test, and recommend courses of treatment for patients who have in the past suffered brain injury of many different levels and who currently have problems ranging from mild to severe emotional and/or neurocognitive problems. I also treat family members of patients who have suffered various neurological injuries. I serve as a member of the rehabilitative medicine team that directs the care and treatment of such patients. Additionally, I am a rehabilitation hospital site surveyor for the Florida Department of Health, Brain, and Spinal Cord Injury Program. In this regard, I evaluate rehabilitation hospitals to make sure that they meet stringent standards established by the Brain and Spinal Cord Injury program in order for these hospitals to receive funding for uninsured patients who have suffered a traumatic brain or spinal cord injury.

9. I have been asked by attorneys representing former NFL players to review the provisions in the settlement plan that relate to the Qualifying Diagnoses definitions, the Baseline Assessment Program, and its related neuropsychological testing protocol. Prior to the execution of the Settlement Agreement, I did not consult for the parties concerning the structure and provisions of the Settlement, and thus I approach my review with the perspective of a practicing neuropsychologist who has devoted his career to the identification and treatment of neurologic and cognitive impairments, and who may be asked to implement its provisions in practice going forward. I will receive compensation for the time I spend in this review and analysis.

10. I have personal knowledge concerning the matters addressed herein. If called as a witness, I could and would testify competently to the facts and opinions set forth in this declaration. All of the opinions expressed in this declaration I hold to a reasonable degree of scientific certainty.

11. The Settlement identifies a series of injuries or conditions for which retired players can present evidence in support of benefits, including monetary awards. A subset of those injuries is focused on increasing severities of neurocognitive impairment. In the Settlement, they are identified as Level 1, Level 1.5, and Level 2 neurocognitive impairment. Retired players diagnosed with Level 1.5 or Level 2 neurocognitive impairment are eligible for monetary awards; retired players diagnosed with Level 1 neurocognitive impairment through the Baseline Assessment Program are eligible for supplemental medical benefits (and may further reapply for monetary awards for other diagnoses if their deficits become more severe). In my opinion, the identified levels of neurocognitive impairment fairly capture retired players as they develop increasing cognitive deficits and lose functionality in performing daily life chores.

12. Under the Settlement, the presence of neurocognitive impairments can be assessed within the framework of the Settlement's Baseline Assessment Program (BAP), or outside the BAP by qualified physicians using the BAP test battery or other neuropsychological tests to evaluate the relevant cognitive domains and existence of deficits. For more than 40 years, neuropsychologists have been administering large batteries of tests to patients with diverse medical, neurological, and neurodegenerative diseases to evaluate their deficits.

13. The criteria for an injury compensation payment for either Level 1.5 or Level 2 neurocognitive impairment requires the presence of specified impairments in two areas, or

domains, out of the five (5) cognitive domains measured (complex attention/processing speed; executive functioning; learning and memory; language; spatial-perceptual functioning), provided one of the cognitive domains is (a) executive functioning; (b) learning and memory; or (c) complex attention. Accordingly, the BAP neuropsychological battery of tests assesses these five (5) cognitive domains. A person's complex attention/speed of processing, executive functioning, learning and memory, language, and visual-perceptual functioning can become impacted and impaired from a number of causes, including traumatic brain injury, Parkinson's Disease, Alzheimer's disease, and ALS. The purpose of the BAP neuropsychological battery is to objectively establish the level or severity of cognitive impairment that can impede functionality of the retired athlete, not to establish the neurological etiology of that impairment.

14. In particular, the BAP test battery comprises well-regarded mainstream examinations with well-developed normative data. These tests are very similar (and, in many cases, identical) to those that I, and others in our field of expertise, use in our everyday practice. The proposed BAP test battery is sensitive to mild and moderate cognitive impairment, *and* dementia, and reflects the assumption that a heterogeneous group of patients—of various demographic and educational backgrounds—would be evaluated (including patients who have mild, moderate, and severe forms of cognitive impairment). The battery of tests was chosen for this heterogeneous group of patients. The selected tests further reflect the reasonable assumption that many people who are tested (a) will not have dementia, (b) may or may not have mild cognitive impairment, (c) will have a psychiatric problem, and (d) will have motivation to portray exaggerated deficits to obtain large financial compensation. In my opinion, the BAP test battery appropriately addresses these considerations, and provides a sound methodology to assess the cognitive impairments that the Settlement compensates.

15. In designing testing thresholds for a battery to be administered to a heterogeneous group, it is necessary to have different criteria for people of different levels of intelligence. If there was a “one size fits all” criteria for cognitive impairment, then retired players whose pre-morbid intelligence was above average would be discriminated against (i.e., they would be more likely to be denied a diagnosis when they actually have cognitive impairment), and retired players whose pre-morbid intelligence was below average would be treated preferentially (as a group)—a subgroup of them would be identified as having cognitive impairment when, in fact, they do not. In the BAP test protocol, estimates of premorbid cognitive functioning are accomplished by using the Test of Premorbid Functioning together with a complex demographics statistical model, which is a fair and reasonable manner to account for individual variability.

16. When selecting a battery of tests to assess neuropsychological deficits, there is always a balance between sensitivity (identifying dementia at a certain level of severity, a “true positive” diagnosis) and specificity (correctly identifying when a person does not have dementia of a certain level of severity, a “true negative” diagnosis). The battery of tests and algorithms selected addresses this balance. Modifying sensitivity can reduce specificity, but it will increase the number of “false positive” diagnoses. As a result of the balance drawn between sensitivity and selectivity, there remains the potential that someone who in fact suffers from deficits at the Level 1, 1.5, or 2 injury levels will not reflect those deficits in a given testing session. The Settlement reasonably accounts for this potential by allowing retired players to be retested over time, and to submit those additional tests to support their showing of injury and deficit. The principles underlying the algorithms have been published in many studies, and have been derived from statistical analyses of cognitive test data from thousands of healthy subjects.

17. People with neurocognitive impairment and dementia exhibit a range of scores on neuropsychological testing. For the algorithms, there are 6 complex attention and processing speed scores, 6 learning and memory scores, 3 language scores, and 4 executive functioning scores. Some of these scores must be low in order to properly diagnose neurocognitive impairment and dementia; however, some can be in the average range (or even above average) in patients who have verified neurologically based neurological impairment.

18. The duration of this test battery is very common in neuropsychology. Although some patients with severe deficits will not be able complete all the tests, that is not an impediment to rendering a diagnosis of dementia. Clinicians like myself encounter that situation with patients in our clinical practice quite often, and in no way does that stand in the way of a diagnosis of dementia. As stated in the settlement, a clinician's interpretation guide will be prepared. If the patient has severe cognitive impairment, then, at the clinician's discretion, the testing can be shortened, including the MMPI-2RF. If there is clear evidence that a patient has dementia, and he scored below the cutoff on the TOMM (a formal test of cognitive performance validity), clinicians would generally conclude that the low effort test score was due to dementia, not to poor effort. The MSVT, another formal test of cognitive performance validity, has criteria that are designed to differentiate invalid cognitive performance from dementia.

19. The algorithms selected represent operational criteria for identifying cognitive impairment. They do not represent criteria for identifying depression or behavioral disturbances in middle-aged men. There is an enormous and mature scientific literature on numerous bio-psychosocial causes (unrelated to neurotrauma) for mental health and cognitive problems in men in the general population, including such conditions as depression, posttraumatic stress disorder, substance abuse and chronic pain.

20. The Neuropsychological Test Battery set forth in Exhibit 2 of the Settlement is focused primarily on the assessment of cognitive impairment, and excludes problems in mood and behavior that appear independent of cognitive impairment in the algorithm used to define the Qualifying Diagnoses for Level 1, 1.5, or 2 Neurocognitive Impairment. Thus, the BAP test battery appropriately tests to distinguish between emotional distress, depression, and other psychiatric conditions from neurologically based neurocognitive dysfunction as the former can mimic pseudo-neurological defects. Additionally, the BAP test battery adequately measures the potential for invalid cognitive performance, which has also been referred to in the research literature as suboptimal effort and/or exaggeration of neurocognitive deficits, by using specific tests developed to measure effort as well as utilization of embedded measures of effort on standard neuropsychological tests.

21. One of the tests employed in the test battery is the MMPI-2RF. The MMPI-2RF is an objective measure of emotional functioning and facilitates the diagnosis of a variety of psychiatric disorders. It is an appropriate test with which an experienced examiner can differentiate, with the use of the test's validity scales, whether someone is being completely forthright or answering in an inconsistent fashion, under-reporting in an effort to appear functioning better than is actually the case, or exaggerating or over-reporting psychiatric symptoms in order to appear more pathological than is actually the case. It is an appropriate mood evaluation test.

22. The test battery further includes the *Mini International Neuropsychiatric Interview*. This standardized and structured psychiatric interview allows one to identify depression, suicidality, bipolar disorder, a psychotic disorder, substance abuse problems, PTSD,

and other psychiatric disorders. In my opinion, the inclusion of the *MINI* in the BAP test battery is a good choice, and is consistent with what I understand one of the overall program objectives of the BAP to be—to help identify potential issues of concern, and help facilitate improved medical outcomes for retired players.

23. It is my opinion that the BAP test battery and associated criteria adopted as part of this Settlement are a reasonable and scientifically well-founded plan to identify former players who currently suffer from the cognitive impairment levels that the Settlement intends to identify and compensate. It is also my opinion that allowing players to reapply in the future for an injury payment takes into account that a person's cognitive functionality is evolutionary, and may transition from mere annoyance to functionally problematic symptomology.

24. Beyond the Level 1, 1.5, and 2 neurocognitive impairment categories, the Settlement identifies other Qualifying Diagnoses that players can be evaluated for, and receive compensation for, going forward. There are longstanding, internationally-recognized criteria for diagnosing Alzheimer's disease/probable Alzheimer's disease, Parkinson's disease, and ALS. The Settlement reasonably permits clinicians to diagnose these conditions in the manner they do in their everyday clinical practice—i.e., in accordance with ICD-9/ICD-10 diagnosis codes.

25. I have also been asked to consider a criticism that has been raised concerning the Settlement's "exclusion" of CTE as a compensable injury in living retired players. To answer this question, I have considered the current literature, which reviews the scientific study of this anatomical syndrome.

26. Chronic Traumatic Encephalopathy (CTE) was originally described by Martlan in 1928 (Martlan H S. Punch Drunk. *J. Am. Med. Assoc.* 1928;19:1103-07). In this article, Martlan provided initial descriptions of "punch drunk" boxers, subsequently referred to as "dementia

pugilistica” in the medical literature. More recently, CTE has been described as a progressive neurodegenerative disease characterized by the prominence of tau-reactive neurofibrillary tangles in the superficial cortical layers, frontal and temporal cortices and sulcal depths, with few or no amyloid plaques which are thought to be caused by repeated exposure to brain trauma (McKee AC, et al. Chronic traumatic encephalopathy in athletes: progressive tauopathy following repetitive head injury. *J Neuropathol. Exp. Neurol.* Jul. 2009;68:709-735). Clinically, CTE has been suggested to cause changes in cognition (including memory and executive functioning, with dementia later in the disease course), mood (depression, apathy, and suicidality), personality and behavior (poor impulse and behavioral disinhibition), and movement (including Parkinsonism and signs of motor neuron disease). Gavett BE, et al. Clinical appraisal of chronic traumatic encephalopathy: current perspectives and future directions. *Current Opinion in Neurology* 2011 Dec;24:525-531. The true prevalence of CTE is presently unknown because consensus clinicopathological criteria do not exist.

27. The only scientifically accepted method to diagnose what has been described as CTE is the post-mortem examination of brain tissue. Gardner A, et al. Chronic traumatic encephalopathy in sport: a systematic review, *Br J Sports Med* (2014);48:84–90 “Neuropathological examination remains essential for diagnosis of CTE, as other types of brain degeneration may be present in professional athletes with neurocognitive decline.” Hazrati LN, et al. Absence of chronic traumatic encephalopathy in retired football players with multiple concussions and neurological symptomatology. *Front Hum Neurosci.* May 2013;Vol. 7, Art. 222. A 2014 systematic review of CTE in sport made the point plainly:

At present, a diagnosis of CTE can only be made postmortem. The spectrum of neuropathology in cognitively intact older adults and older adults with neurological problems is often diverse, not unitary, which adds methodological complexity to clinicopathological correlational studies. In the various case series presented to date, 20–

50% of those with clinical features did not show the neuropathology of CTE, and 5% of those with the neuropathology did not show clinical features.

Gardner A, et al. *Br J Sports Med* 2014;48:84–90

28. To be clear, there is no medically or scientifically established way to diagnose CTE in a living person. There are no nationally or internationally agreed upon neuropathological or clinical diagnostic criteria for CTE. Unlike the case of Alzheimer's disease, there are no published prospective, longitudinal studies delineating criteria for the diagnosis of CTE. It is unscientific to predict that the medical or neuropsychological community will establish the presence of certain symptoms in living retired players as diagnostic of the pathology that has been described for CTE, or, in reverse, to characterize the range of symptoms that necessarily follow from CTE neuropathology in deceased players.

29. The case studies from the McKee/Stern and Omalu research groups, describing modern CTE, identify depression and suicidality as very common "clinical features" and imply that the depression and suicidality are caused by even small amounts of protein depositions in specific brain regions. There is minimal scientific evidence, however, to support those asserted causal relationships. Depression and suicidality are complex and multifactorial in causation, as are most emotional and behavioral disorders.

30. It has been asserted unequivocally by the researchers from BU that there is focally and regionally unique neuropathology caused by neurotrauma (single or repetitive), and this neuropathology, even in small amounts, causes complex changes in behavior and cognition such as depression, impulsivity, anger, suicidality, and mild cognitive impairment. There is an enormous and mature scientific literature on numerous bio-psychosocial causes (unrelated to neurotrauma) for mental health and cognitive problems in men in the general population. In contrast, there is minimal scientific evidence that supports the assertion that small amounts of

focal or regionally-distributed tau pathology cause mental health and cognitive problems. The 2013 Consensus Statement by the International Consensus Group on Concussions in Sport reflects the limits of the scientific evidence concerning CTE and concussions or exposures to contact sports: “ It was further agreed that a cause and effect relationship has not been demonstrated between CTE and concussions or exposure to contact sports.” McCrory P., et al. Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport held in Zurich, Nov. 2012. *Br. J. Sport Med.* 2013 Apr.;47:250-258. Similar position statements from the American Medical Society for Sports Medicine question the relationship between CTE and neurocognitive impairment. See Harmon KG, et al. American Medical Society for Sports Medicine Position Statement: Concussion in Sport, *Clin. J. Sport Med.* Vol. 23, January 2013(1)1-18 (“there is no known relationship between chronic neurocognitive impairment and CTE”).

31. The current state of the science does not allow us to determine the extent to which repetitive neurotrauma uniquely causes or contributes to specific clinical symptoms such as depression, personality changes, or cognitive impairment. Based on decades of research in Alzheimer’s disease and other diseases, it is apparent that early stage neuropathology is usually not considered sufficient to cause clinical symptoms or a syndrome. Moreover, retired athletes are not immune to the medical, psychiatric, substance abuse related, neurological, or neurodegenerative conditions, disorders, or diseases that affect the general population.

32. The reported clinical features of CTE are very similar to the clinical features of other neurological and psychiatric conditions, especially frontotemporal dementia and depression. For example, in addition to the core diagnostic features of depression, the DSM-5 states that many people with depression have considerable problems with irritability (e.g., persistent anger, a

tendency to respond to events with angry outbursts or blaming others, and an exaggerated sense of frustration over minor matters), and family members often notice social withdrawal.

33. The neuropsychological profession has not accepted as true the theoretical assertion that reports of changes in mood and behavior (e.g., depression, hopelessness, impulsivity, explosiveness, rage, aggression) to a small group of former NFL players, is causally related to repetitive head impacts. The cross-sectional, epidemiological, prospective or longitudinal studies examining the issue—which occurred over many decades in the study of Alzheimer’s disease—have yet to be conducted for CTE.

34. More broadly, it has not been established scientifically that CTE is a unique neurodegenerative disease, especially the modern version of CTE put forward by the Omalu et al. and McKee et al. research groups. In contrast, there are longstanding, internationally-recognized criteria for diagnosing possible Alzheimer’s disease, Parkinson’s disease, and ALS. In contrast to CTE, there are thousands of publications on these diseases from researchers around the world.

35. Clinically silent neuropathology is widespread in normal aging. For many people, neuropathological findings do not mean that they will have a clinical syndrome or even specific signs and symptoms. Neuropathological abnormalities are frequently seen in cognitively normal older adults. Simply put, an older adult might have evidence of neuropathologic change without having a syndrome, and a person with a syndrome might have diverse (not specific) neuropathology, or no structural neuropathology at all.

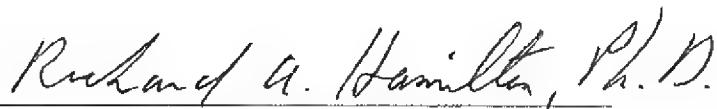
36. A 2014 review of the literature on CTE by Gardner, *et al.*, identifies the nascence of the science concerning CTE: “The strongly presented causal assumptions in the literature relating to concussive and subconcussive brain impact exposure derived from the case studies are scientifically premature, especially given the absence of cross-sectional, epidemiological,

prospective or longitudinal studies on the topic.” Even among the four research groups examining CTE in retired athletes, only rarely does autopsy evidence reflect pathological findings of “pure” CTE (about 20% of cases). More often than not in the case studies reported, CTE neuropathology appears with other neuropathology, such as Alzheimer’s disease, Parkinson’s disease, etc. How the neuropathology correlates with such other pathology, and what symptoms are specifically and scientifically correlated with such pathology, is a matter that remains to be fully explored through the type of investigation that surrounded the study of Alzheimer’s disease for many decades. The conclusions of Gardner’s 2014 review of the CTE literature have been supported by several other literature reviews (McCrory P., et al. What is the evidence for chronic-concussion changes in retired athletes: behavioral, pathological and clinical outcomes? *Br. J. Sports Med.*, 2013 Apr.;47:327-330; Karantzoulis S. and Randolph C. Modern chronic traumatic encephalopathy in retired athletes: what is the evidence? *Neuropsychol. Rev.* 2013 Dec;23:350-350.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: November 11, 2014

Miami, FL

A handwritten signature in black ink that reads "Richard A. Hamilton, Ph.D." The signature is written in a cursive, flowing style.

Richard A. Hamilton, PhD

Exhibit 1

Curriculum Vitae

* PART A: BIOGRAPHICAL INFORMATION

1. **PERSONAL:**

Date: November, 2014

Name

Richard Allen Hamilton, Ph.D.

Address (Offices)

7600 Red Road
Suite 229
South Miami, FL 33143
(305) 669-4455
hamiltonphd@hotmail.com

Baptist Hospital
Davis Center for Rehabilitation
8900 North Kendall Drive
Miami, FL 33176-6520
(786) 596-6768

2. **HIGHER EDUCATION:**

1975 B.A. cum laude (Psychology), Temple University, Philadelphia, PA

1977 M.S. (Psychology), Nova Southeastern University, Ft. Lauderdale, FL

1978 Doctoral Student (Counseling Psychology), University of Miami, Coral Gables, FL

1985 Ph.D. (Clinical Psychology), Nova Southeastern University (APA Approved), Ft. Lauderdale, FL

3. **POST DOCTORAL TRAINING:**

1981-1982 Internship in Clinical and Neuropsychology (APA Approved), Veterans
Administration Medical Center, Miami, FL

1985-1986 Fellowship in Clinical Neuropsychology, Department of Psychology and Behavioral Medicine,
University of Miami/Jackson Medical Center, Miami, FL

4. **LICENSURE:** State of Florida - Licensed Psychologist, 1987

5. **PROFESSIONAL EXPERIENCES:**

1976-1978 Mental Health Technician, Psychiatric Institute, Jackson Memorial Medical Center, Miami, FL

1979-1980 Staff Psychologist, Nova University Community Mental Health Center, Coral Springs, FL

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1979-1981	Practicum Student, Nova Southeastern University Psychology Clinics and Nova Biofeedback Laboratory, Fort Lauderdale, FL
1981-1982	Psychology Intern: APA Approved Internship, Veterans Administration Medical Center, Miami, FL
1982-1985	Clinical Psychologist, Department of Rehabilitation Psychology, University of Miami/Jackson Medical Center, Miami, FL
1985-Present	Private Practice, Clinical and Neuropsychology, South Miami, FL
1985-1986	Fellowship in Clinical Neuropsychology, Department of Psychology and Behavioral Medicine, University of Miami/Jackson Medical Center, Miami, FL
1986-1989	Director, Clinical Neuropsychology Service, Supervisor APA Approved Internship Program, Department of Psychology and Behavioral Medicine, University of Miami/Jackson Medical Center, Miami, FL
1988-1993	Program Director, CARF accredited Brain Injury Program, HealthSouth Regional Rehabilitation Center, Miami, FL
1989-2000	Adjunct Professor, Miami Institute of Psychology, Miami, FL
1989-1993	Program Director, Head Injury Day Treatment Program, Miami Rehabilitation Institute, Coral Gables, FL
1990-1993	Program Director, CARF Accredited Pediatric Brain Injury Program, HealthSouth Regional Rehabilitation Center, Miami, FL
1995-Present	Co-Director, Baptist Hospital Annual Brain Injury Symposium, Miami, FL
1987-1995	Adjunct Assistant Professor, Department of Psychology, University of Miami, Coral Gables, FL
1988-1995	Adjunct Assistant Professor, Department of Psychiatry, University of Miami School of Medicine, Miami, FL
1992-1993	Adjunct Professor, Department of Psychology, Nova Southeastern University, Fort Lauderdale, FL
1993-Present	Clinical Director, CARF Accredited Inpatient Brain Injury Program, Baptist Hospital of Miami Miami, FL
1993-Present	Clinical Director, CARF Accredited Intensive Outpatient Brain Injury Program Baptist Hospital of Miami, Miami, FL

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- 2008-Present Co-Director, Baptist Hospital Annual Behavioral Medicine Symposium, Miami, FL
- 2009-Present Clinical Director, Sports Concussion Clinic, Baptist Hospital of Miami, Miami, FL
- 2009-Present Neuropsychologist for Miami-Dade County Public School Sports Concussion Program, Miami, FL
- 2010-Present Certified Brain Injury Specialist Trainer by the Academy of Certified Brain Injury Specialists of the Brain Injury Association of America
- 2010-Present Neuropsychologist for Florida International University Sports Concussion Program, Miami, FL
- 2012-Present: Certified ImPACT Consultant.

CURRENT AND PAST TEACHING RESPONSIBILITIES:

- 1979-1980 Teaching Assistant, Graduate Course in Intelligence Testing, Nova Southeastern University, Department of Psychology, Fort Lauderdale, FL
- 1979-1981 Adjunct Instructor, Nova College, Center for Undergraduate Studies, Ft. Lauderdale, FL
 - Statistical Methods and Research Design
 - Psychology of Learning
 - Personal Adjustment
 - Physiological Psychology
 - Introduction to Behavior Modification
 - History and Systems of Psychology
- 1982-1989 In-service training on Behavioral Medicine in Rehabilitation to Physicians, Physical Therapists, Occupational Therapists, Speech Pathologists, Psychologists, Social Workers, and Nurses at the Rehabilitation Center, Jackson Memorial Medical Center, Miami, FL
- 1983-1984 Lecturer to freshman medical students in the course "Introduction to the Patient", University of Miami School of Medicine, Miami, FL
- 1983-1989 Instructor, Department of Psychology and Behavioral Medicine, University of Miami/Jackson Medical Center, Miami, FL, teaching behavioral therapy "Mini Course" to APA Approved doctoral psychology interns
- 1983-1989 Supervision of APA Approved Doctoral Psychology Practicum Students, Interns and Post-Doctoral Fellows, Department of Psychology and Behavioral Medicine, University of Miami/Jackson Medical Center, Miami, FL

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1984-1985 Lecturer to freshman medical students in the course "Health and Human Values". University of Miami School of Medicine, Miami, FL

1984-1989 Adjunct Assistant Professor, Department of Psychology, Nova University, Ft. Lauderdale, FL
Teaching of doctoral level courses entitled "Behavioral Medicine Applications I and II".

1985-1989 Lecturer, Department of Physical Therapy, University of Miami, Miami, FL
Teaching of graduate course entitled "Communication Skills".

1989-2000 Adjunct Professor, Miami Institute of Psychology, Miami, FL Teaching the following
Doctoral courses in Neuropsychology:

Fundamentals of Neuropsychology
Neuropsychological Assessment
Introduction to Neuropsychology
Advance Neuropsychology
Neuropsychological Rehabilitation

1995-1996 Lecturer, Department of Physical Therapy, Barry University, Miami Shores, FL. Lecturer in a
graduate course entitled "Neuropsychology and Treatment Issues with the Neurologically
Impaired".

2000-2005 Adjunct Professor, Department of Psychology, Florida International University.
Teaching undergraduate and graduate level courses.

7. **THESIS AND DISSERTATION ADVISING:**

Member, Dissertation Committee, "Predictors of Dyadic Adjustment in Wives Whose Husbands Sustained
Closed Head Injuries".

Student: William Link
Department: Counseling Psychology, University of Miami
Dissertation completed December, 1988

Member, Dissertation Committee, "Neuropsychological Assessment as a Treatment for Denial in Traumatic
Brain Injury".

Student: Becky Olson
Department: Psychology, University of Miami
Dissertation completed June, 1990

Chairperson, Dissertation Committee, "The Establishment of Adult Norms for the Spanish Wechsler Memory
Scale Revised".

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Student: Jesus Abilio Rodriguez
Department: Psychology, Miami Institute of Psychology
Dissertation completed May, 1998

Chairperson, Dissertation Committee, "The Assessment of the Expression and Perception of Emotion in Head Injured Adults".

Student: Julieta Garcia

Department: Psychology, Miami Institute of Psychology

Dissertation completed April, 1997

Member, Dissertation Committee, "A Componential Analysis of Attention/Concentration and Memory in Adynamic and Disinhibited Head Injury Patients Participating in a Program of Cognitive Remediation".

Student: Leo Shea
Department: Psychology, Miami Institute of Psychology
Dissertation completed March, 1995

Member, Dissertation Committee, "Unawareness of Cognitive Deficits Subsequent to Traumatic Head Injury: Etiology and Measurement".

Student: Marianne R. Freeman
Department: Psychology, Nova University
Dissertation completed April, 1993

Chairperson, Dissertation Committee, "Electroencephalographic Differences in the Head Injured Population During Recreational Computing vs. Performance Oriented Computing".

Student: Armando Hernandez
Department: Psychology, Miami Institute of Psychology
Dissertation completed January, 1998

Chairperson, Dissertation Committee, "The Effects of Crack Cocaine on Human Memory".

Student: Steven Strumwasser
Department: Psychology, Miami Institute of Psychology
Dissertation completed April, 1994

Chairperson, Dissertation Committee, "Assessment of Problem Solving Skills for Traumatic Brain Injured Adults".

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Student: Rafael Duenas
Department: Psychology, Miami Institute of Psychology
Dissertation completed March, 1999

8. **DEPARTMENT ADMINISTRATIVE AND COMMITTEE RESPONSIBILITIES:**

Clinical Director, Baptist Brain Injury Rehabilitation Programs
Member, Medical Rehabilitation Committee
Member, Quality Improvement Committee

9. **EXTRA-DEPARTMENTAL ADMINISTRATIVE AND COMMITTEE RESPONSIBILITIES:**

Member, Medical Continuing Education Committee, Baptist Health
Chairperson, Continuing Psychological Education, Baptist Health
Chairperson, Insurance and Hospital Practice Committee, Miami Dade County
Psychological Association

***PART B: HONORS AND AWARDS**

10. A. Scientific presentations at national and international meetings:

Hamilton RA, & Walczak H: An assertiveness group treatment program for community mental health centers. Paper presented at the Florida Association for Behavior Analysis Annual Convention, Orlando, FL, September, 1981.

Hamilton RA, & Barone D, Katell A, & Caddy GR: The work stress inventory: Its development, psychometric properties and applications. Paper presented at the Florida Association for Behavior Analysis Annual Convention, Orlando, FL, September, 1981.

Katell AD, Caddy GR, Pollak DR, Hamilton RA: Health risk factor reduction: Relaxation training, assertiveness training and cognitive restructuring in reducing job stress. Paper presented at the Association for the Advancement of Behavior Therapy Annual Convention, Toronto, Canada, November, 1981.

Hamilton RA, Wolff JB, Donat D, & Herman S: Behavioral strategies for increasing blood donor participation. Paper presented at the Florida Psychological Association Annual Convention, Sarasota, FL, May, 1982.

Wolff JB, & Hamilton RA: Music: A facilitative component to relaxation training. Paper presented at the Florida Psychological Association Annual Convention, Sarasota, FL, May, 1982.

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Hamilton RA, Ciminero AR, & Donat D: Drug and Alcohol refusal training: A description of treatment. Paper presented at the Florida Psychological Association Annual Convention, Sarasota, FL, May, 1982.

Hamilton, RA, Wolff JB, Donat J, & Herman S: A multi-faceted behavioral program for increasing blood donor participation: Its implementation and direct replication. Paper presented at the Association for the Advancement of Behavior Therapy Annual Convention, Los Angeles, CA, November, 1982.

Hamilton RA, Baron DF, Katell AD, & Caddy GR: A behavioral assessment inventory for measuring work stress: Its cross-validation and construct validity. Paper presented at the Association for the Advancement of Behavior Therapy Annual Convention, Los Angeles, CA, November, 1982.

Hamilton RA, & Ciminero AR: Relapse inoculation training and stress management with substance abusers. Paper presented at the American Psychological Association Annual Convention, Toronto, Canada, August, 1984.

Westie KS, McBride DC, Goldstein BJ, & Hamilton RA: Pitfalls in drug abuse treatment of women: Depression equals dropout. Paper presented at the American Psychological Association Annual Convention, Toronto, Canada, August, 1984.

Hamilton RA: The treatment of psychological sequelae of brain trauma and stroke. Paper presented at "Innovative Strategies in Rehabilitation: The Search for Function" sponsored by the Department of Orthopedics and Rehabilitation, University of Miami, Bal Harbour, FL, December, 1984.

Hamilton RA: Social skills training with a brain injured adult: A single subject design. Paper presented at American Psychological Association Annual Convention, Los Angeles, CA, August, 1985.

Hamilton RA: Conversational skills training for brain injured adults. Paper presented at the American Psychological Association Annual Convention, Los Angeles, CA, August, 1985.

Hamilton RA: Microcomputers in the rehabilitation of brain injured adults. Paper presented at "Innovative and Controversial Strategies in Rehabilitation III: Technology and Technique" sponsored by the Department of Neurological Surgery, University of Miami, Bal Harbour, FL, December, 1985.

Hamilton RA: Psychological sequelae and treatment of brain injury. Paper presented at "Innovative and Controversial Strategies in Rehabilitation III: Technology and Technique" sponsored by the Department of Neurological Surgery, University of Miami, Bal Harbour, FL, December, 1985.

Hamilton RA: Communication skills training for the neurologically impaired; A behavioral approach. Paper presented at the American Psychological Association Annual Convention, Washington, DC, August, 1986.

Hamilton, RA: Effects of interpersonal skills training with a brain injured adult. Paper presented at the American Psychological Association Annual Convention, Washington, DC, August, 1986.

Hamilton, RA: Cognitive and behavioral retraining in mildly impaired brain injured adults. Paper presented at, "Innovative and Controversial Strategies in Rehabilitation IV: Research Practice" sponsored by the

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Department of Neurological Surgery, University of Miami, Bal Harbour, FL, December, 1986.

Hamilton RA: Dementia and Depression: Cognitive and Psychological Assessment. Paper presented at "Management of the Elderly Patient" sponsored by the Department of Psychiatry, University of Miami School of Medicine and the University of Miami Center on Aging, Bal Harbour, FL, February, 1987.

Goldstein P, & Hamilton RA: Assessment of premorbid personality in neurological rehabilitation populations. Paper presented at the American Psychological Association Annual Meeting, New York, NY, August, 1987.

Hamilton RA, & Goldstein P: The effectiveness of the Shortened Category Test for assessing the severity of brain injury. Paper presented at the Southeastern Psychological Association Annual Convention, New Orleans, LA, April, 1988.

Hamilton RA, & Goldstein P: Work stress and staff burnout: Causes and cures. Paper presented at National Association of Rehabilitation Facilities Annual Conference, Dorado, Puerto Rico, June, 1988.

Hamilton RA: Cognitive retraining with the elderly: Myths and Methods. Invited address given at the Sixth Annual Workshop on Aging "New Directions in the Treatment of the Elderly". Miami Veterans Administration Medical Center, Miami, FL, June, 1988.

Olson B, Goldstein P & Hamilton RA: Neuropsychological assessment as a treatment for denial in traumatic brain injury. Paper presented at "Cognitive Rehabilitation: Community Reintegration Through Scientifically Based Practice" sponsored by the Medical College of Virginia, Virginia Commonwealth University, Richmond, VA, September, 1988.

Hess D, Goldstein P & Hamilton RA: Everyday problem-solving performance in patients with frontal lobe lesions secondary to traumatic brain injury. Paper presented at Cognitive Rehabilitation: "Community Reintegration Through Scientifically Based Practice" sponsored by the Medical College of Virginia, Virginia Commonwealth University, Richmond, VA, September, 1988.

Hamilton RA: Behavioral and emotional factors related to employment of the head injured. Paper presented at the symposium "Job Re-Entry for Survivors of Traumatic Brain Injury". The 1989 Annual Meeting of the President's Committee on Employment of People with Disabilities, Tampa, FL, May, 1989.

Hamilton RA: Behavioral sequelae to pediatric traumatic head injuries. Paper presented at the "National Trauma Conference" sponsored by the Miami Children's Hospital, Hotel Sofitel, Miami, FL, November, 1989.

Hamilton RA: Neuropsychological and emotional correlates of Multiple Sclerosis. Paper presented at "Multiple Sclerosis Update 1990" sponsored by the National Multiple Sclerosis Society, Fort Lauderdale, FL, March, 1990.

Hamilton RA: Behavioral sequelae and family reactions to Traumatic Head Injury. Paper presented at and sponsored by the American Association of Neuroscience Nurses Annual Convention, Miami, FL, April, 1990.

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Hamilton RA & Valiente MS: The use of behavioral contracting and response-cost procedures in the elimination of agitated behavior in a severely brain injured child. Paper presented at "Advances and Treatment in Pediatric Neurological Disorders," sponsored by Mediplex Rehabilitation Corporation, Sarasota, FL, January, 1991.

Hamilton RA: Group social skills training for brain injured adults. Paper presented at "Cognitive Rehabilitation and Community Integration" sponsored by the Medical College of Virginia, Virginia Beach, VA, September, 1991.

Hernandez AF, Coello E, & Hamilton RA: Denny-Brown and Chambers rejection behavior syndrome in a head injured adult: A case study. Paper presented at the Seventh Annual Neuropsychology Conference: sponsored by the Hamot Institute for Behavioral Health, Erie, PA, May, 1992.

Hamilton RA: Improving quality of life following a stroke. Invited presentation at the South Florida Stroke Support group, sponsored by Baptist Hospital, Miami, FL, June, 1992.

Hernandez AF, Coello E, Lopez R, & Hamilton RA: Behavior modification effects on human Kluver-Bucy like syndrome. Paper presented at the European Meeting of the International Neuropsychological Society, Durham, England, July, 1992.

Hamilton RA: Behavioral treatment of the agitated patient. In-service lecture, Davis Center for Rehabilitation, Baptist Hospital, Miami, FL, July, 1992.

Hamilton RA: Stress management for supervisors. Seminar to Department Heads, Baptist Hospital, Miami, FL, July, 1992.

Hernandez AF, Coello E, & Hamilton, RA: Efficacy of Computer Assisted Cognitive Retraining in a Kluver-Bucy like syndrome. Paper presented at "Cognitive Rehabilitation and Community Integration Through Scientifically Based Practice" sponsored by the Medical College of Virginia, Richmond, VA, September, 1992.

Hamilton RA: Managing as a single parent. Invited presentation to the Single Parent Support Group, sponsored by Baptist Hospital, Miami, FL, October, 1992.

Hamilton RA: Cognitive and behavioral rehabilitation of the traumatically brain injured. Invited lecture at the Neurological Rehabilitation Grand Rounds, University of Miami/Jackson Medical Center, Miami, FL, November, 1992.

Hamilton RA & Pro, J: Management of the chronic low back pain patient. Invited lecture at the Neurological Rehabilitation Grand Rounds, University of Miami/Jackson Medical Center, Miami, FL, February, 1993.

Hamilton RA: The role of case management in head injury rehabilitation. Presentation given at Baptist Hospital's Annual Case Management Seminar Program, Miami, FL, April, 1993.

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Hamilton RA: Neurobehavioral outcome of traumatic brain injury. Invited presentation by D-Sail, Miami, FL, May, 1993.

Hamilton RA: Communication and assertiveness at home and at work. Lecture given to the rehabilitation nursing department. Davis Center for Rehabilitation, Baptist Hospital, Miami, FL, July, 1993.

Hamilton RA: Interpersonal and guest relations: Crisis management. Seminar presented to the Emergency Room Department, sponsored by the Employee Assistance Program, Baptist Hospital, Miami, FL, September, 1993.

Hamilton RA: Dealing and living with loss. Invited lecture to the Amputee Support group, sponsored by Baptist Hospital, Miami, FL, September, 1993.

Hamilton RA: The neuropsychological substrate of agitated behavior. Paper presented at Baptist Hospital's First Annual Head Injury Symposium, Miami, FL, May, 1993.

Hamilton RA: Identifying and treating the long-term consequences in TBI. Paper presented at the Second Annual Brain Injury Symposium entitled "Highlights in TBI Management" Sponsored by HealthSouth Corporation and the University of Miami School of Medicine, Airport Hilton, Miami, FL, November, 1993.

Hamilton RA: Neuropsychological Dysfunction in the Brain-Injured Patient, and Neuropsychological Testing. Paper presented at the Second Annual Brain Injury Conference entitled "Concepts in Brain Injury Medical Management... The Continuum of Care", Baptist Hospital, Miami, FL, May, 1994.

Hamilton RA: Behavioral Sequelae and Treatment of Traumatic Brain Injury. Paper presented at the Mental Health Clinical Updates. Baptist Hospital, Miami, FL, October, 1994.

Hamilton RA: Neuropsychological Testing with Mild Brain Injury: The Malingerer vs. True Cognitive Impairment. Paper presented at the Third Annual Brain Injury Conference entitled "Concepts in Brain Injury Medical Management: Innovations in the 90's". Baptist Hospital, Miami, FL, May, 1995.

Hamilton RA: Assessment Issues in TBI. Paper presented at the Autism and TBI. "Advances in Identification, Assessment, and School Based Interventions". Conference sponsored by Dade County Public Schools. Miami, FL, September, 1995.

Hamilton RA: Post-concussion Syndrome: Fact or Fiction? Paper presented at the Mental Health Clinical Updates. Baptist Hospital, Miami, FL, March, 1996.

Hamilton RA: Memory Disorders Revisited. Paper presented at the Mental Health Clinical Updates. Baptist Hospital, Miami, FL, October, 1997.

Hamilton RA: Strategies to Improve Memory. Paper presented at the Miami Epilepsy Foundation, sponsored by the Brain Injury Association of Florida, Inc. Chase Federal Bank Building, Miami, FL, October, 1997.

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Hamilton RA: Differential diagnosis in Malingering and Conversion Disorder. Paper presented at the Miami Institute of Psychology. Miami, FL, February, 1998.

Hamilton RA: What is your E.Q.? Rehabilitation of your Emotional Intelligence Following Traumatic Brain Injury. Paper presented at the Sixth Annual Brain Injury Conference. Baptist Hospital, Miami, FL, November, 1998.

Hamilton RA: Unawareness of Cognitive Deficits Following TBI: Etiology, Measurement and Treatment. Paper presented at the Fourth Annual Professional Education Conference entitled "After TBI: Strategies for Living", sponsored by the Brain Injury Association of Florida. Miami, FL, April, 1999.

Hamilton RA: How to Improve Your EQ: The Role of Emotional Intelligence in Physician/Patient Relationships. Paper presented at the Mental Health Clinical Update, sponsored by Baptist Health Systems' Psychiatry and Psychology Divisions. Baptist Hospital, Miami, FL, January, 2000.

Hamilton RA: What's Your Child's EQ? Sponsored by Baptist Children's Hospital. Baptist Hospital, Miami, FL, August, 2000.

Hamilton RA: The Crisis Interview: The Mental Status Examination and Suicidology. Paper presented at the Psychology Conference entitled "An Overview of the On-call Process". Baptist Hospital, Miami, FL, December, 2000.

Hamilton RA: Evaluation and Treatment of Frontal Lobe Disorders. Paper presented at the Mental Health Clinical Update. Baptist Hospital, Miami, FL, April, 2001.

Hamilton RA: "Phineas Gage, Where Are You Now?" Frontal Lobe Dysfunction Revisited. Paper presented at the Seventh Brain Injury Conference entitled "New Frontiers in the Management of Traumatic Brain Injury". Sponsored by the Davis Center for Rehabilitation at Baptist Hospital, Miami, FL, September, 2001.

Hamilton RA: Cognitive and Behavioral Sequelae to Stroke: Assessment and Treatment. Paper presented at the Annual Stroke Conference 2002, sponsored by the American Stroke Association. South Miami Hospital, Miami, FL, May, 2002.

Hamilton RA: Conversion Hysteria-A Neuropsychological Perspective. Paper presented at the Mental Health Clinical Update. Baptist Hospital, Miami, FL, March, 2003.

Hamilton RA: Neuropsychological Sequelae of Anoxic Encephalopathy. Presentation given at the Ninth Annual Brain Injury Symposium entitled "New Dimensions in Brain Injury Rehabilitation". Baptist Hospital, Miami, FL, September, 2003.

Hamilton RA: Mock Neuropsychology Deposition. Presentation given at the Ninth Annual Brain Injury Symposium entitled "New Dimensions in Brain Injury Rehabilitation". Baptist Hospital, Miami, FL, September, 2003.

Hamilton, RA: Improving the Emotional Intelligence of Children with TBI. Presentation given at Baptist

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Hospital's Tenth Annual Brain Injury Symposium, Miami Beach, FL, September, 2004.

Hamilton, RA: Mock Rehabilitation Staffing Presentation. Given at Baptist Hospital's Tenth Annual Brain Injury Symposium. Miami Beach, FL, September, 2004.

Hamilton, RA: Mild TBI: Disability, Distress or Deception. Presentation given at Baptist Hospital's Eleventh Annual Brain Injury Symposium. Miami Beach, FL, October, 2005.

Hamilton, RA: Mild Traumatic Pediatric Brain Injury with Severe Outcomes. Presentation given at "Brain Injuries", a conference sponsored by The Brain Injury Association of America. Orlando, FL, May, 2007.

Hamilton, RA: Approaches to Learning and Treatment for Children with Cognitive Deficits. Presentation given at "Brain Injuries", a conference sponsored by The Brain Injury Association of America. Orlando, FL, May, 2007.

Hamilton, RA: Conversion Hysteria, Dissociative Amnesia and Malingering: Fact, Fiction, or Fraud. Presentation given at Baptist Hospital's Thirteenth Annual Brain Injury Symposium. Miami Beach, FL, September, 2007.

Hamilton, RA: The Emotional and Behavioral Sequelae to TBI. Presentation given at "Brain Injuries", a conference sponsored by The Brain Injury Association of America. Orlando, FL, April, 2008.

Hamilton, RA: Amnesic Disorders: An Overview. Presentation given at Baptist Hospital's Seventh Annual Primary Care Focus Symposium. Hawks Cay, Duck Key, FL, June, 2008.

Hamilton, RA: Social Skills Training for Traumatic Brain Injury. Presentation given at Baptist Hospital's Fourteenth Annual Brain Injury Symposium. Miami Beach, FL, October, 2008.

Hamilton, RA: An Overview of Human Memory in Amnesic Disorders. Presentation given at Baptist Hospital's Fifteenth Annual Brain Injury Symposium. Miami, FL, October, 2009.

Hamilton, RA: Assessment and Treatment of Anxiety and Depression: A Primary for Primary Care Physicians. Presentation given at Baptist Hospital's Ninth Annual Primary Care Focus Symposium. Hawks Cay, Duck Key, FL, June, 2010.

Hamilton, RA: The Application of Behavior Modification in the Rehabilitation of Children with TBI. Presentation given at Baptist Hospital's Sixteenth Annual Brain Injury Symposium. Miami Beach, FL, October, 2010.

Hamilton, RA: Frontal Lobe Dysfunction after Traumatic Brain Injury. Presentation given at Baptist Hospital's Seventeenth Annual Brain Injury Symposium. Coconut Grove, FL, September, 2011.

Hamilton, RA: Sports Concussion: Assessment and Management. Presentation given at Baptist Hospital's Eighteenth Annual Brain Injury Symposium. Miami, FL, October, 2012.

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Hamilton, RA: Managing Depression Following Traumatic Brain Injury. Presentation given at Baptist Hospital's Nineteenth Brain Injury Symposium. Miami, FL, October, 2013.

Hamilton, RA: Assessment and Management of Sports Related Concussions. Presentation given at the Sports Medicine Conference, Doctor's Hospital, Coral Gables, FL, August, 2014.

Hamilton, RA: Understanding the Interface of Posttraumatic Stress Disorder and Mild Traumatic Brain Injury. Presentation given at Baptist Hospital's Twentieth Brain Injury Symposium. Miami, FL, October, 2014.

B. Invited outside lectureships:

Hamilton RA: Behavioral strategies for increasing adherence to medical regimes. Seminar presentation at the Jackson Memorial Rehabilitation Center, Miami, FL, June, 1982.

Hamilton RA: Cognitive retraining: Implications and reservations. Invited lecture presented to Departments of Occupational and Physical Therapy, Jackson Memorial Hospital, Miami, FL, April, 1983.

Hamilton RA: Memory assessment for brain-injured adults. Seminar presented to Department of Work Evaluation, Jackson Memorial Hospital, Miami, FL, April, 1983.

Hamilton RA: Psychological interventions with the stroke victim. Community presentation sponsored by the Department of Speech Pathology, University of Miami Mailman Center, Miami, FL, May, 1983.

Hamilton RA: The role of the psychologist within a rehabilitation center. Presenter in workshop titled "Modern Concepts of the Rehabilitation Process for Nurses". Jackson Memorial Hospital, Miami, FL, May, 1983.

Hamilton RA: Neuropsychological investigation in traumatic brain injury. Seminar presented to the Department of Rehabilitation Psychology, University of Miami/Jackson Medical Center, Miami, FL, September, 1983.

Hamilton RA: Overview of traumatic brain injury rehabilitation. Invited lecture to Miami Association of Communication Sciences and the Florida Speech, Hearing and Language Association, Coral Gables, FL, October, 1993.

Hamilton RA: The interface between neuropsychological assessment and function. Invited lecture presented to HRS Office of Vocational Rehabilitation, Victoria Hospital, Miami, FL, February, 1984.

Federer D, & Hamilton RA: Stress management for nurses. Workshop presented at "Frontiers in Cancer Nursing" sponsored by the Comprehensive Cancer Center for the State of Florida, Miami, FL, July, 1984.

Hamilton RA: Group Treatment: Theory and techniques. Workshop presented at Miami Association of Communication Sciences and the Florida Speech, Hearing and Language Association, Cedars of Lebanon Hospital, Miami, FL, October, 1984.

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Hamilton RA: Diagnosis, remediation and management of cognitive and behavioral problems in adults with severe head trauma. Invited lecture at "Medical Aspects of Physical Disabilities", sponsored by the Metropolitan Dade County Department of Human Resources, Miami, FL, January, 1985.

Hamilton RA: Cognitive retraining and computer-assisted techniques. Invited address given to the Department of Rehabilitation Medicine, Miami Veterans Administration Hospital, Miami, FL, January, 1985.

Hamilton RA: Recent developments in the management of cognitive and psychological consequences of brain injury. Invited presentation at "First Annual Rehabilitation Conference" sponsored by the Florida Association of Rehabilitation Providers, Hollywood, FL, May, 1985.

Hamilton RA: The diagnosis of conversion hysteria. Seminar presented to Department of Rehabilitation Psychology, University of Miami/Jackson Memorial Medical Center, Miami, FL, October, 1985.

Hamilton RA: Skills training for brain injured patients. Colloquium given to Department of Psychology, Nova University, Ft. Lauderdale, FL, November, 1985.

Hamilton RA: Differential diagnosis of mamillo-thalamic and hippocampus amnesic syndromes. Seminar presented to the Department of Rehabilitation and Psychology, University of Miami/Jackson Memorial Medical Center, Miami, FL, November, 1985.

Hamilton RA: Sequelae of traumatic brain injury: Cognitive and behavioral perspectives. Invited address given to the Office of Vocational Rehabilitation, Department of Health and Rehabilitative Services, Victoria Hospital, Miami, FL, December, 1985.

Hamilton RA: Neuropsychological assessment: What, When and Why. Invited lecture to the Florida Department of Vocational Rehabilitation, Victoria Hospital, Miami, FL, December, 1985.

Hamilton RA: Applications of stress management and behavior therapy. Seminar presented to Rehabilitation Counseling Services, Inc., Hollywood, FL, February, 1986.

Hamilton RA: The dividends of rehabilitation after head injury. Invited addresses given to the Rehabilitation Center, Baptist Hospital, Miami, FL, March, 1986.

Hamilton RA: Sequelae of head injury. Seminar presented at "Rehabilitation of Traumatic Brain Injured Individuals", sponsored by the State of Florida Department of Health and Rehabilitative Services, Miami, FL, July, 1986.

Hamilton RA: Cognitive, behavioral and emotional treatment interventions with the traumatically brain injured. Seminar presented at "Rehabilitation of Traumatic Brain Injured Individuals", sponsored by the State of Florida Department of Health and Rehabilitative Services, Miami, FL, July, 1986.

Hamilton RA: How to determine vocational rehabilitation eligibility for head injured individuals. Seminar presented at "Rehabilitation of Traumatic Brain Injured Individuals", sponsored by the State of Florida Department of Health and Rehabilitative Services, Miami, FL, July, 1987.

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Hamilton RA: The usefulness of neuropsychological testing in the vocational evaluation of the neurologically impaired. Invited address given to Jewish Vocational Service, Miami, FL, February, 1987.

Hamilton RA: The neuropsychological assessment and psychological treatment of seizure disorders. Seminar presented to the Epilepsy Foundation, Miami, FL, March, 1987.

Hamilton RA: Behavioral correlates of frontal lobe dysfunction. Grand Rounds presentation to the Department of Psychological and Behavioral Medicine, University of Miami/Jackson Medical Center, Miami, FL, November, 1987.

Hamilton RA: Alzheimer's dementia and depression: Differential diagnosis. Grand Rounds presentation to the Department of Psychology and Behavioral Medicine, University of Miami/Jackson Medical Center, Miami, FL, January, 1988.

Hamilton RA: Cognitive remediation: Where are we? Where are we going? Invited address presented to the Psychology Service and Department of Rehabilitative Medicine, Miami Veterans Administration Hospital, Miami, FL, March, 1988.

Hamilton RA: Long term neurobehavioral consequences of traumatic brain injury. Invited lecture to the Department of Continuing Medical Education, North Shore Medical Center, Miami, FL, April 22, 1988.

Hamilton RA: Effective interdisciplinary brain injury interventions. Invited lecture presented to the Dade Association of Rehabilitation Nurses sponsored by Health South Rehabilitation Corporation, Miami, FL, August, 1988.

Hamilton RA: Stress management, time management and assertiveness training for the rehabilitation professional. Invited presentation to Employee Rehabilitation Services, Inc., Sanibel, FL, September, 1988.

Hamilton RA: Psychological Aspects of Rehabilitation. Invited presentation at the conference "Brain and Bones: Journey to Rehab.", sponsored by the Ortho-Rehab-Neuro Hospital Center, Jackson Memorial Hospital, Omni International Hotel, Miami, FL, October, 1988.

Hamilton RA: Time management. Seminar presented to the Broward Association of Rehabilitation Nurses sponsored by HealthSouth Rehabilitation Corporation, Plantation, FL, November, 1988.

Hamilton RA: Conversion reaction versus Malingering, Grand Rounds presentation to the Department of Psychology and Behavioral Medicine, University of Miami/Jackson Medical Center, Miami, FL, February, 1989.

Hamilton RA: Stress Management. Invited presentation to the Florida Association of Self Insurance Eighth Annual Convention, Breakers Hotel, Palm Beach, FL, May, 1989.

Hamilton RA: Pediatric head injury rehabilitation; assessment and treatment. Invited lecture to the Department of Rehabilitation, Miami Children's Hospital, Coral Gables, FL, June, 1989.

Hamilton RA: Treatment of the post-concussion headache. Seminar sponsored by the Miami

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Rehabilitation Institute, Coral Gables, FL, July, 1989.

Hamilton RA: Acute care traumatic brain injury rehabilitation. Invited lecture to the microsurgery medical staff, Mercy Hospital, Miami, FL, July, 1989.

Hamilton RA: Stress and time management for the professional. Seminar sponsored by the Miami Rehabilitation Institute, Coral Gables, FL, July, 1989.

Hamilton RA: Holding the pieces together: psychologically speaking. Invited presentation at the conference entitled, "Brains and Bones: Journey to Rehab (Part II)", sponsored by the Ortho-Rehab-Neuro Hospital Center, Omni International Hotel, Miami, FL, October, 1989.

Hamilton RA: Head trauma rehabilitation relating to speech and language impairment. Invited seminar sponsored by The Florida Diagnostic and Learning Resources System, Miami, FL, March, 1990.

Hamilton RA: Neurological impairment and sexual dysfunction: Assessment and treatment. Invited seminar presented at the Florida Claims Association Annual Convention, Sheraton Royal Biscayne, Miami, FL, May, 1990.

Hamilton RA: Multiple Sclerosis and the family: Invited presentation sponsored by the National Multiple Sclerosis Society, South Florida Chapter, Baptist Hospital, Miami, FL, January, 1992.

Hamilton RA: Substance abuse and traumatic brain injury: Treatment issues and complications. Paper presented at the FEISCO Annual Conference, Sarasota, FL, October, 1992.

Hamilton RA: Psychological and psychosocial factors affecting physical illness. Paper presented at the South Florida Case Management Annual Conference, Radisson Mart Plaza Hotel, Miami, FL, November, 1992.

Hamilton RA: Neuropsychology and the family. Paper presented at the First Annual Brain Injury Symposium, sponsored by HealthSouth Rehabilitation Corporation, Radisson Mart Plaza Hotel, Miami, FL, November, 1992.

Hamilton RA: Neuropsychological substrate of agitated behavior. Paper presented at Baptist Hospital's First Annual Head Injury Symposium, Miami, FL, May, 1993.

Hamilton RA: Developing Positive Coping Strategies for Living with a Chronic Illness. Paper presented at the Arthritis Foundation entitled, "A.C.H.E. Arthritis Can Hit Everyone", sponsored by the Arthritis Foundation, South Miami Hospital, Miami, FL, September, 1993.

Hamilton RA: Identifying and treating the long term consequences in TBI. Paper entitled, "Highlights in TBI Management", presented at the Second Annual Brain Injury Symposium, sponsored by HealthSouth Corporation and the University of Miami School of Medicine, Airport Hilton, Miami, FL, November, 1993.

Hamilton RA: Discussion of psychological adjustment issues which frequently affect people having chronic

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diseases. Paper presented at the Arthritis Foundation. Baptist Hospital, Miami, FL, November, 1993.

Hamilton RA: Stress Management. Paper presented at the Ocean Reef Health Fair, sponsored by Baptist Health Systems. Key Largo, FL, January, 1994.

Hamilton RA: Mental Health Training Workshop. Paper entitled "Rehabilitation Services and Issues Related to Traumatic Brain Injured Persons". Sunrise, FL, January, 1994.

Hamilton RA: Terminology in Behavior Management. Paper presented at the Baptist Hospital Brain Injury In-service. Miami, FL, April, 1994.

Hamilton RA: Case Management of the Pediatric Brain Injured Patient... The Big Picture. Paper presented at the Brain Injury Seminar for Case Managers. Baptist Hospital of Miami, Miami, FL, May, 1994.

Hamilton RA: Brain/Head Injury/Trauma. Paper entitled "Brain Injury; who gets it, how and why it happens, it's manifestations; and what can be done to manage, prevent and/or treat it", presented at the State of Florida Department of Labor and Employment Security, Miami, FL, July, 1994.

Hamilton RA: Family Dynamics in the Rehab. Setting, Paper presented at the Davis Center for Rehabilitation Continuing Education In-service. Baptist Hospital, Miami,, FL, September, 1994.

Hamilton RA: Presentation for Professional Secretaries Network. Paper entitled "How to Cope With Stress", presented at Baptist Hospital of Miami, Miami, FL, October, 1994.

Hamilton RA: Relaxation Techniques for Managing Stress. Paper presented at Baptist Hospital Women's Health Resource Center. Baptist Hospital, Miami, FL, November, 1994.

Hamilton RA: Living and Coping with Multiple Sclerosis. Paper presented at the National Multiple Sclerosis Society. Miami, FL, November, 1994.

Hamilton RA: Assertiveness and dealing with patients and co-workers effectively. Paper presented at Baptist Hospital of Miami, sponsored by Baptist Hospital Employee Assistance Program, Miami, FL, March, 1995.

Hamilton RA: Case Management Seminar. Paper entitled "Health Care Induced Disability", presented at Baptist Hospital of Miami, Miami, FL, April, 1995.

Hamilton RA: Baptist Hospital Brain Injury Program. Paper entitled "Executive Functions Tests", presented at the Brain Injury Program In-service. Miami, FL, April, 1995.

Hamilton RA: Dade Association of Rehabilitation Nurses. Paper entitled "The Relaxation Response", presented at Baptist Hospital of Miami. Miami, FL, May, 1995.

Hamilton RA: Life After Loss...Moving ahead after the death of a loved one. Paper presented at Baptist Hospital of Miami, sponsored by Senior Services Department. Miami, FL, October, 1995.

Hamilton RA: Brain Injury In-service Meeting. Paper presented at Baptist Hospital of Miami entitled "Effective Management of the Agitated Patient". Miami, FL, November, 1995.

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Hamilton RA: Baptist Health Systems of South Florida Senior Services Department. Paper presented at The Women's Health Resource Center entitled "Why Can't I Remember? Practical tips for improving your memory". Miami, FL, February, 1996.

Hamilton RA: Strengthening the Family Through the Generations. Paper entitled "Geriatrics", presented at Baptist Health Systems First Annual Social Work Conference. Miami, FL, March, 1996.

Hamilton RA: Senior Service Program. Paper presented at Baptist Hospital of Miami entitled "Why Can't I Remember". Miami, FL, May, 1996.

Hamilton RA: Case Management Seminar. Paper presented at Baptist Hospital of Miami entitled "Post Traumatic Stress Disorder". Miami, FL, May, 1996.

Hamilton RA: Why Can't I Remember - A Look at Memory Loss. Paper presented at The University of Miami, sponsored by The Institute for Retired Professionals. Miami, FL, September, 1996.

Hamilton RA: "Cognitive Retraining Part I and Part II. Paper presented at Davis Center for Rehabilitation Brain Injury In-service. Baptist Hospital of Miami, Miami, FL, June, 1997.

Hamilton RA: Baptist Health Systems of South Florida. Paper presented at Baptist Hospital of Miami entitled "Strategies for Remembering". Miami, FL, July, 1997.

Hamilton, RA: Unmasking HealthCare. Paper entitled "System and patient variables contributing to the disgruntled employee", presented at the South Florida Case Management Network, Ft; Lauderdale, FL, October, 1997.

Hamilton RA: The Diagnosis and Treatment of Conversion Hysteria: An Overview. Paper presented at the Dade County Psychological Association Meeting. Miami, FL, November, 1997.

Hamilton RA: Brain Injury Rehabilitation; an Overview". Paper presented at The Davis Center for Rehabilitation at Baptist Hospital of Miami, Sunrise, FL, July, 1998.

Hamilton RA: Forget Worrying About Remembering. Paper presented at Baptist Hospital of Miami, sponsored by The Senior Services Department. Miami, FL, October, 1998.

Hamilton RA: Cognitive Problems Following a Stroke and Ways to Cope with it. Paper presented at the Stroke Support Group Meeting, Baptist Hospital of Miami, November, 1998.

Hamilton RA: Strategies To Improve Your Memory. Paper presented at Baptist Hospital of Miami, sponsored by The Senior Services Department. Miami, FL, October, 1999.

Hamilton RA: Memory Improvement Techniques. Paper presented at Baptist Hospital of Miami, sponsored by The Senior Services Department. Miami, FL, February, 2000.

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Hamilton RA: Forget Worrying About Remembering. Paper presented at Baptist Hospital of Miami, sponsored by The Senior Services Department. Miami, FL, March, 2000.

Hamilton RA: Executive Functioning". Paper presented at The Dade Association of Rehabilitation Nurses Presentation. South Miami Hospital, Miami, FL, February, 2001.

Hamilton RA: Brain Aerobics: Techniques for Improving Your Memory. Paper presented at Baptist Hospital's Women's Health Resource Center. Miami, FL, September, 2003.

Hamilton RA: What's Your Child's EQ. Presentation given at Baptist Hospital of Miami, sponsored by Baptist Children's Hospital. Miami, FL, January, 2004

Hamilton RA: Multifaceted Memory: Identification, Assessment and Management. Paper presented at The Brain Injury - Advanced In-service, sponsored by Miami Dade County Public Schools. Miami, FL, March, 2004.

Hamilton RA: Neuropsychological Assessment Following Stroke. Presentation given at the Sixth Annual Stroke Management Conference, sponsored by The American Heart Association, South Miami, FL, May, 2004.

Hamilton RA: Sports Concussion Assessment and Return to Play. Presentation given at "Game Day Pearls" Program sponsored by Doctors Hospital, Center for Orthopedics and Sports Medicine, Coral Gables, FL, August, 2009.

Hamilton RA: Advances in Sports Concussion Management and Return to Play. Presentation given at "Game Day Pearls" Program sponsored by Doctor's Hospital, Center for Orthopedics and Sports Medicine, August, 2010.

C. Society memberships and offices

American Psychological Association,
Division 40, Clinical Neuropsychology
Florida Psychological Association
National Academy of Neuropsychology
Miami-Dade County Psychological Association
American College of Professional Neuropsychology (Associate)
American Academy of Neurology (Affiliate)

D. Consultantships

State of Florida Department of Health and Rehabilitation Services
HealthSouth Rehabilitation Corporation
Baptist Hospital of Miami
Miami-Dade County Public Schools

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11. **OTHER PROFESSIONAL ACTIVITIES:**

Head Injury Site Reviewer, Florida Department of Health, Brain and Spinal Cord Injury Program (June, 1989 to present).

Editor, "Head Injury Update", Published quarterly by HealthSouth Press, Miami, FL (August, 1989 to December, 1991).

Member, Employment Advisory Committee, Epilepsy Foundation of South Florida (February 1994 to 1996).

***PART C: BIBLIOGRAPHY**

1. **SCIENTIFIC ARTICLES IN REFEREED JOURNALS:**

Hamilton RA: Conversational Skills training for brain injured adults. Dissertation Abstract, 1986.

Hamilton RA: Communication skill training for the neurologically impaired: A behavioral approach. The Clinical Neuropsychologist, Vol. 1, No. 1, 77-78, 1987.

Barone DF, Caddy GR, Katell AD, Roselione FB, & Hamilton RA: The work stress inventory: Organizational stress and job risk. Educational and psychological Measurement, Vol. 48, 141-154, 1988.

Hamilton RA: Behavioral sequelae to traumatic head injury. Head Injury Update, Vol. I, 1-4, 1989.

Gass CS, Russell EW & Hamilton RA: Accuracy of MMPI - based inferences regarding memory and concentration in closed head injury patients. Psychological Assessment: A Journal of Consulting and Clinical Psychology, Vol. 2, No. 2, 175-185, 1990.

Hamilton RA: Memory impairment following traumatic head injury. Head Injury Update, Vol. 2, No.3, 3-4, 1990.

Hamilton, RA: Assessment and Treatment of Anxiety and Depression: A Primer for Medical Professionals. Audio-Digest Internal Medicine, Vol. 57, Is. 19, October 7, 2010.

Hamilton, RA: Frontal Lobe Dysfunction After Traumatic Brain Injury. Audio-Digest Neurology, Vol. 3, Is. 1, January 7, 2012.

Hamilton, RA: Assessment and Management of Sports Concussions. Audio-Digest Neurology, Vol. 4, Is. 23, December 7, 2013.

2. **BOOKS AND BOOK CHAPTERS:**

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Hamilton RA, & Walczak H: An assertiveness group treatment manual. Ft. Lauderdale, FL: Nova University, Copyright 1980.

Hamilton RA, Barone DF, Katell AD, Caddy GR: The Work Stress Inventory. Ft. Lauderdale, FL: Nova University, Copyright 1981.

Hamilton RA, & Federer DP: Work stress treatment program: Facilitator's guide. Ft. Lauderdale, FL: Nova University, Copyright 1981.

Stone RE, & Hamilton RA: Laryngectomy rehabilitation in a group setting. In J.D. Shanks (Ed.), Seminars in Speech and Language. New York: Thieme, Inc., 1986.

Hamilton RA: Hamilton Job Stress Index, Miami, FL Copyright 1986.

3. **OTHER PROFESSIONAL ITEMS:**

Hamilton RA: A functional analysis of anxiety: Clinical implication. Unpublished manuscript, Nova University, Ft. Lauderdale, FL, 1979.

Hamilton RA: Depression outcome studies: A review of the literature. Unpublished manuscript, Nova University, Ft. Lauderdale, FL, 1980.

Hamilton RA: Behavioral strategies for improving medical treatment adherence: A selective review. Unpublished manuscript, Nova University, Ft. Lauderdale, FL, 1981.

Hamilton RA: Work Stress: A review of the literature. Unpublished manuscript, Nova University, Ft. Lauderdale, FL, 1982.

Hamilton RA: Traumatic brain injury: A review of the literature. Unpublished manuscript, University of Miami/Jackson Medical Center, Miami, FL, 1985.

4. **DISSERTATION:**

Hamilton RA: Conversational skills training for brain injured adults. Dissertation paper, July, 1985. Chairperson: Nathan H. Azrin, Ph.D.

5. **WORKSHOPS:**

Hamilton RA: "The Identification and Treatment of Stress", University of Miami, Coral Gables, FL 1981.

Ciminero AR, & Hamilton RA: "Stress and Time Management for Executives". Norwegian Cruise Line, Miami, FL, December, 1985.

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Ciminero AR, & Hamilton RA: Conducted Wellness Program aboard Pacquet Lines Cruise Ship, March, 1986.

Hamilton RA: "Malingering, Conversion Hysteria and Psychosomatic Illness: Diagnosis and Treatment".

Miami Rehabilitation Institute, Coral Gables, FL, February, 1989. (C.E.U.'s given).

Hamilton RA: "Psychotherapeutic Interventions for Neurological Injuries". Miami Rehabilitation Institute, Coral Gables, FL, September, 1989. (C.E.U.'s given).

Hamilton RA: "Head Trauma Rehabilitation:" Overview and Future Directions" Lee Memorial Hospital Rehabilitation Center, Fort Myers, FL, October, 1989 (C.E.U.'s given).

Hamilton RA and Volker M: "Human Sexuality: Physical and Neurological Disorders". HealthSouth Regional Rehabilitation Center, Miami, FL, March, 1990. (C.E.U.'s given).

Hamilton RA: "Memory Disorders: Assessment and Treatment". Miami Rehabilitation Institute, Coral Gables, FL, February, 1991 (C.E.U.'s given).

Hamilton RA: "Stress Management Following Hurricane Andrew". Sponsored by the Employee Assistance Program, Baptist Hospital, Miami, FL, September - December, 1992; July, 1993.

Hamilton RA: "Team building and improving communication skills". Joslin Diabetes Center, Baptist Hospital, Miami, FL, March - April, 1993.

Hamilton RA: "Neuropsychological testing: Everything you wanted to know but were afraid to ask". Workshop given to the following insurance companies: Gallagher Basset Services; Continental Loss Adjusting; The Travelers, sponsored by HealthSouth Rehabilitation Corporation, Miami and Ft. Lauderdale, FL, February - May, 1993 (C.E.U.'s given).

Hamilton RA: "Stress and pain management for a work hardening program". Lecture given at HealthSouth of Kendall, Miami, FL, April - June, 1993.

Hamilton RA: Fundamentals of Brain Trauma In Florida. One Day Workshop given to attorneys, sponsored by Lorman Educational Services, Miami, FL, April 13, 2005.

Hamilton RA: Human Memory: Exploration and Application. Presentation given at Baptist Hospital's Mental Health Conference Series, Miami, FL, May, 2005 (C.M.E.'s given).

Hamilton RA: Improving Emotional Intelligence Following Traumatic Brain Injury. Workshop given at "Brain Injuries", a conference sponsored by The Brain Injury Association. Orlando, FL, April, 2008.

Hamilton RA: Sports Concussion Assessment, Management and Return to Play Protocol. Workshop given to Dade County Public School Athletic Trainers. Sponsored by Doctor's Hospital, Center for Orthopedics and Sports Medicine. Miami FL, September, 10, 2012.

Hamilton, R.A.: Assessment and Management of Sports Related Concussion: A Coaches Clinic, sponsored by the Orange Bowl Committee and Baptist Health, Miami, FL, September, 2013.

